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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11545
Facility Name:	Los Angeles Community Hospital
Address:	4081 E. Olympic Blvd.
City:	Los Angeles
Hospital Owner/Lice	nsee: Alta Los Angeles Hospitals Inc.
Year of Repo	orting: 2010
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	ress::
Name of Sub	nitter: Drew Dickey
Submission	Date: 1/16/2011 1:36:37 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building & Additions	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2013	12/31/2012
03	1st and 2nd Story Addition	4081 E. Olympic Blvd.	Retrofit	SPC2	01/01/2013	12/31/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Original Building & Additions								
Type of	Service Prov	<u>ided</u>						
X Nur	rsing	Inpatient Beds	28 Inpatient 11415 Days	X Surgical	X Obstetrical Recovery			
X Inte	ensiveCare	Inpatient Beds	6 Inpatient Days 2080	X Anesthesia	X Newborn/ WellBaby			
Ped	diatric/Adol ent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
	vchiatric rsing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
1//1	stetrical e/Postprtum	Inpatient Beds	16 Inpatient Days 1154	X Pharmaceutical Dietetic	Rehabilitation Therapy			
Inte	ermediate e	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skil	lled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services X Obstetrical	X Outpatient Surgery			
			Total Beds this 50 Building	☐ Cesarean/Deliv	X Central Plant			

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: 1st and 2nd Story Addition	
Type of Service Prov	<u>rided</u>		
X Nursing	Inpatient Beds	38 Inpatient 11415 Surgical Days	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0 Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	12 Inpatient Days 3504 X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0 X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	O Inpatient Days	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0 Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	30 Inpatient Days 10151 X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building Cesarean/Deliv	X Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Orig	inal Building & Additions		
Medical / Surgical	(Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 28 Bed	Inpatient 1141 Days 5	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 16 Bed	Inpatient 1154 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 6 Bed	Inpatient 2080 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	50	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name:	1st and 2nd Story Addition		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 38 Bed	Inpatient 1141 Days 5	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 30 Bed	Inpatient 1015 Days 1
Pediatric		intensive Card Nursery	e Newborn	Intermediate Card	
Inpatient 12 Bed	Inpatient 3504 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	80	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building & Additions	
02	Dietary Addition	
03	1st and 2nd Story Addition	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	g Name: O	riginal Building & Addi	tions						
Type of Service Provided										
		X	Surgical	X Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing	X	Anesthesia							
X	IntensiveCare			X Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		X	Outpatient				
_	escent		Radiological/ Imaging	X Newborn/ WellBaby		Surgery				
	Psychiatric Nursing	X	Pharmaceutical	Emergency	X	Central Plant				
[v]	Obstetrical		. Harmassansar			Contrain Tank				
X	Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services				
	Intermediate									
	Care	X	Administration							
	Skilled Nursing									

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	15	st and 2nd Story Additi	on					
Type of Service Provided										
				Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X	Nursing		7	Anesthesia						
	IntensiveCare	;		7.1100.1100.10		Obstetrical Recovery		Renal Dialysis		
X	Pediatric/Adol	, E	<	Clinical Lab				Outpatient		
	escent	Į E	<	Radiological/ Imaging	Ш	Newborn/ WellBaby	Ш	Surgery		
	Psychiatric Nursing			Pharmaceutical		Emergency	Х	Central Plant		
	Obstetrical					Nuclear	X	Support		
	Ante/Postprtu			Dietetic	Ш	Medicine		Services		
	Intermediate Care			Administration						
X	Skilled Nursin	ng								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	uilding Number: 01 Building Name: Original Building & Additions										
Configuration :	Retrofit Non-Confo	rming buildir	rming building to SPC 5 and NPC 4 or NPC 5								
Type of Service Provided											
X	Nursing	Х	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery				
1,,,1	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant				
	Intermediate Care		Dietetic								
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Dietary Addition									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	C 4 or NPC	5				
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
1 1	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate	X	Dietetic		Lineigency		Obniliai Flanii		
	Care				Nuclear Medicine	X	Support Services		
	Skilled Nursing	X	Administration						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: 1st and 2nd Story Addition								
Configuration :	Retrofit Non-Confo	orming building to SPC 5 and NPC 4 or NPC 5						
Type of Servi	ce Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Constraint of		Central Plant	
	Intermediate		Dietetic	Ш	Emergency	X	Central Plant	
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02 Building Name: Dietary Addition								
Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					

Report Status: **Data Last Update:** 01/16/2011 **Submission Date:** 01/16/2011 **Print Date:** 1/17/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2 Build	ing Name: Dieta	ary Addition			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	